



CFPT Technical Assistance Application

Technical Assistance funds are used to assist individuals and groups develop cohesive groups, education, and skill building focused on leadership and advocacy to enhance the ability to effectively participate in the planning and development of behavioral health policies and services.

**** Application MUST be received in the OhioMHAS office 20 working days prior to the event registration deadline.
Incomplete applications will not be considered and will be returned to the applicant.

Date Submitted:

Applicant Name:

Telephone Number:

Tax ID# (if applicable):

Address:

City:

State:

Zip Code:

E-mail address:

Are you over 18? Yes No

Life Experience (choose all that apply):

Mental Health

SUD

Co-occurring

Family Member

Technical Assistance Description:

Location: _____ **Date:** _____

Technical Assistance Expenses: (NOTE: Checks will not be made payable to "individuals" unless it is for reimbursement)

Item	Actual Cost	Requesting from CFPT	Matching Funds	Approved Amount	Already Made/Purchased?	
Mileage: Only if you drove your own vehicle and did not ride with other people (please include a copy of MapQuest)					YES	NO
					Did you drive the vehicle?	
					YES	NO
Technical Assistance					YES	NO
Lodging: Please include hotel information					YES	NO
Contractual					YES	NO
Equipment					YES	NO
Books/Materials					YES	NO
Printing/Postage					YES	NO
Other: Please describe or attach description					YES	NO
Total Cost						

Please answer the following questions:

What is the current problem that needs to be solved?

What goal would you like to achieve as a result of technical assistance?

Have you identified potential consultants for this activity?

When do you anticipate working on achieving your goal?

After technical assistance has been provided, please answer the following questions:

Were you able to achieve your goal? YES NO

If not, please explain:

How does the outcome of technical assistance improve your community?

Do you have any next steps?

If you were to do this activity again, what, if anything, would you do differently?

Please save a copy of this application to your desktop and attach it in an email to Sharon.fitzpatrick@mha.ohio.gov.

NOTE: All Community Family Partnership Team Program funds are considered sources of income and should be reported as such. If you have any questions about how or if receiving Community Family Partnership Team Funds may impact your entitlements, please contact a Certified Work Incentive or Benefit Planner.

Approved

Denied

Date Approved/Denied:

Community Recovery Initiatives Administrator Name:

Community Recovery Initiatives Administrator Signature: